

Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

February 4, 2008

Karen Stockton, Ph.D., Director Modoc County Mental Health 441N. Main Street Alturas, CA 96101

Dear Dr. Stockton:

## AUDIT REPORT - MODOC COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Modoc County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

## Net Program Costs

|  | Settled    | Allowed    | <u>Adjustment</u> |
|--|------------|------------|-------------------|
| Federal Share of<br>Short-Doyle/Medi-Cal | \$ 390,303 | \$ 333,590 | \$ (56,713)       |
| State General Funds<br>EPSDT Due State   | \$ 88,960  | \$ 74,064  | \$ (14,896)       |

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative

Karen Stockton, Ph.D., Director February 4, 2008 Page 2

Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

FOR WALTER J. HILL, JR., MBA, EA

Chief of Audits

JR., MBA, EA MABEL GLTNER, Supervisor Audits – Bay & Central Region

**Enclosures** 

**CERTIFIED MAIL** 

## MODOC COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

| NET REIMBURSABLE MEDI-CAL PROGRAM COSTS   |           | -                | As Settled              | _                                | Audit<br>Adjustments      | -         | As Audited              |
|---|-----------|------------------|-------------------------|----------------------------------|---------------------------|-----------|-------------------------|
| COUNTY PROVIDERS  MEDI-CAL - FFP  HEALTHY FAMILIES - FFP  TOTAL FFP - COUNTY PROVIDER         | (Sch. 2a) | \$<br>\$_        | 390,303<br>0<br>390,303 | \$<br> <br>  \$ <u> </u>         | (56,713)<br>0<br>(56,713) | _         | 333,590<br>0<br>333,590 |
| CONTRACT PROVIDERS  MEDI-CAL - FFP  HEALTHY FAMILIES - FFP  TOTAL FFP - CONTRACT PROVIDER     | (Sch.3b)  | \$<br>\$ <u></u> | 0 0                     | \$<br>-<br>-<br>-<br>-<br>-<br>- | 0 0                       | \$<br>\$_ | 0 0                     |
| TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS  MEDI-CAL - FFP  HEALTHY FAMILIES - FFP  TOTAL FFP |           | \$<br>\$         | 390,303<br>0<br>390,303 | \$<br>: \$ <u>_</u>              | (56,713)<br>0<br>(56,713) | -         | 333,590<br>0<br>333,590 |
| SUMMARY OF STATE GENERAL FUNDS EPSDT - SGF  | (Sch 4)   | \$               | 88,960                  | . \$ <u>.</u>                    | (14,896)                  | \$        | 74,064                  |

## MODOC COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

## COUNTY OPERATED FEDERAL

| <u></u>   | UNITOIERATEDIEDERAE                          |                         |     |            |             | Audit       |      |            |
|-----------|--|-------------------------|-----|------------|-------------|-------------|------|------------|
|           |  |                         |     | As Settled |             | Adjustments |      | As Audited |
| Tota      | al Medi-Cal Gross Reimbursement              |                         | _   |            | _           |             | _    |            |
| 1.        | Inpatient SD/MC and Crossover                | (MH 1968, Ln 11, 11A)   | \$  | 0          | \$          | 0           | \$   | 0          |
| 2.        | Outpatient SD/MC and Crossover               | (MH 1968, Ln 11, 11A)   |     | 599,936    |             | (90,625)    |      | 509,311    |
| 3.        | Enhanced SD/MC (Children) - I/P              | (MH1968, Ln 16, 16A)    |     | 0          |             | 0           |      | 0          |
| 4.        | Enhanced SD/MC (Children) - O/P              | (MH1968, Ln 16, 16A)    |     | 202        |             | (202)       |      | 0          |
| 5.        | Enhanced SD/MC (Refugees) - I/P              | (MH1968, Ln 22)         |     | 0          |             | ) o         |      | 0          |
| 6.        | Enhanced SD/MC (Refugees) - O/P              | (MH1968, Ln 22)         |     | 0          |             | 0           |      | 0          |
| 7.        | Healthy Families Gross Reimbursement-I/P     | (MH1968, Ln 27, 27A)    |     | 0          |             | 0           |      | 0          |
| 8.        | Healthy Families Gross Reimbursement-O/P     | (MH1968, Ln 27, 27A)    |     | 0          |             | 0           |      | 0          |
| 9.        | Total  | , , ,                   | \$_ | 600,138    | \$=         | (90,827)    | \$=  | 509,311    |
| Les       | s: Patient & Other Payor Revenues            |                         |     |            |             |             |      |            |
| 10.       | Inpatient SD/MC and Crossover                | (MH 1968, Ln 28, 28A)   | \$  | 0          | \$          | 0           | \$   | 0          |
| 11.       | Outpatient SD/MC and Crossover               | (MH 1968, Ln 28, 28A)   |     | 2,327      |             | 0           |      | 2,327      |
| 12.       | Enhanced SD/MC (Children)-I/P                | (MH 1968, Ln 29)        |     | 0          |             | 0           |      | 0          |
| 13.       | Enhanced SD/MC (Children)-O/P                | (MH 1968, Ln 29)        |     | 0          |             | 0           |      | 0          |
| 14.       | Enhanced SD/MC (Refugees) - I/P              | (MH1968, Ln 30)         |     | 0          |             | 0           |      | 0          |
| 15.       | Enhanced SD/MC (Refugees) - O/P              | (MH1968, Ln 30)         |     | 0          |             | 0           |      | 0          |
| 16.       | Healthy Families Patient Revenue-I/P         | (MH 1968, Ln 31)        |     | 0          |             | 0           |      | 0          |
| 17.       | Healthy Families Patient Revenue-O/P         | (MH 1968, Ln 31)        |     | 0          |             | 0           |      | 0          |
| 18.       | Total  |                         | \$_ | 2,327      | \$=         | 0           | \$_  | 2,327      |
| Me        | di-Cal Net Reimbursement for Direct Services |                         |     |            |             |             |      |            |
| 19.       | Inpatient SD/MC (Incl Children Enhanced)     | (Ln 1,3 - Ln 10,12)     | \$  | 0          | \$          | 0           | \$   | 0          |
| 20.       | Outpatient SD/MC (Incl Children Enhanced)    | (Ln 2,4 - Ln 11,13)     |     | 597,811    |             | (90,827)    |      | 506,984    |
| 21.       | Enhanced SD/MC (Refugees)-I/P                | (Ln 5 - Ln 14)          |     | 0          |             | 0           |      | 0          |
| 22.       | Enhanced SD/MC (Refugees)-O/P                | (Ln 6 - Ln 15)          |     | 0          |             | 0           |      | 0          |
| 23.       | Healthy Families-I/P                         | (Ln 7 - Ln 16)          |     | 0          |             | 0           |      | 0          |
| 24.       | Healthy Families-O/P                         | (Ln 8 - Ln 17)          | _   | 0          |             | 0           | _    | 0          |
| 25.       | Total  |                         | \$_ | 597,811    | <b>\$</b> = | (90,827)    | \$ = | 506,984    |
| <u>Me</u> | di-Cal MAA Reimbursement                     |                         |     |            |             |             |      |            |
|           | Service Functions 01-09                      | (MH1979, Ln 11, Col. A) | \$  | 0          | \$          | 0           | \$   | 0          |
| 27.       | Service Functions 11-19, 31-39               | (MH1979, Ln 12, Col. A) |     | 0          |             | 0           |      | 0          |
| 28.       | Service Functions 21-19                      | (MH1979, Ln 13, Col. A) | _   | 0          |             | 0           |      | 0          |
| 29.       | Total  |                         | \$_ | 0          | \$_         | 0           | \$_  | 0          |

## MODOC COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

| Mathematic Nation   Mat  | COUNTY OPERATED FEDERAL                           |                           |                |            |             | Audit       |          |               |
|--|---|---------------------------|----------------|------------|-------------|-------------|----------|---------------|
| 10   Inpatient SD/MC (Indic Children Enhan)   (MH 1968, Ln 38, 38A)   S  |   |                           | _              | As Settled | _           | Adjustments | As       | Audited       |
| 1  | Amount Negotiated Rates Exceed Cost               |                           |                |            |             |             |          |               |
| September SDMC (Refugees)-I/P  |   | (MH 1968, Ln 38, 38A)     | \$             | 0          | \$          | 0 \$        | 5        | 0             |
| 33. Enhanced SD/MC (Refugees)-O/P  | 31. Outpatient SD/MC (Incl Children Enhan)        | (MH 1968, Ln 38, 38A)     |                | 0          |             | 0           |          | 0             |
| Healthy Families-I/P   | 32. Enhanced SD/MC (Refugees)-I/P                 | (MH1968, Ln 39)           |                | 0          |             | 0           |          | 0             |
| Marticolumn  | 33. Enhanced SD/MC (Refugees)-O/P                 | (MH1968, Ln 39)           |                | 0          |             | 0           |          | 0             |
| Medi-Cal Administrative Reimbursement   MH 1979, Ln 14   S   | 34. Healthy Families-I/P                          | (MH 1968, Ln 40, 40A)     |                | 0          |             | 0           |          | 0             |
| Medi-Cal Administrative Reimbursement Limit  | 35. Healthy Families-O/P                          | (MH 1968, Ln 40, 40A)     |                | 0          | _           | 0           |          | 0             |
| 37. Administrative Reimbursement Limit         (MH 1979, Ln 4)         \$ 93,247         \$ (13,624)         \$ 79,623           38. Medi-Cal Administration         (MH 1979, Ln 5)         \$ 106,498         \$ (13,141)         \$ 93,357           39. Medi-Cal Reimbursement         (Lower of Ln 37, Ln 38)         \$ 93,247         \$ (13,624)         \$ 79,623           Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8)         \$ 0         \$ 0         \$ 0           40. Healthy Families Administrative Reimbursement Limit (MH1979, Ln 9)         \$ 0         \$ 0         \$ 0         \$ 0           41. Healthy Families Administrative Reimbursement (Lower of Ln 40, Ln 41)         \$ 0         \$ 0         \$ 0         \$ 0         \$ 0           42. Healthy Families Administrative Reimbursement (Lower of Ln 40, Ln 41)         \$ 0   | 36. Total   |                           | \$_            | 0          | \$_         | 0 5         |          | 0             |
| 37. Administrative Reimbursement Limit         (MH 1979, Ln 4)         \$ 93,247         \$ (13,624)         \$ 79,623           38. Medi-Cal Administration         (MH 1979, Ln 5)         \$ 106,498         \$ (13,141)         \$ 93,357           39. Medi-Cal Reimbursement         (Lower of Ln 37, Ln 38)         \$ 93,247         \$ (13,624)         \$ 79,623           Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8)         \$ 0         \$ 0         \$ 0           40. Healthy Families Administrative Reimbursement Limit (MH1979, Ln 9)         \$ 0         \$ 0         \$ 0         \$ 0           41. Healthy Families Administrative Reimbursement (Lower of Ln 40, Ln 41)         \$ 0         \$ 0         \$ 0         \$ 0         \$ 0           42. Healthy Families Administrative Reimbursement (Lower of Ln 40, Ln 41)         \$ 0   | Medi-Cal Administrative Reimbursement             |                           |                |            |             |             |          |               |
| Second  |   | (MH 1979, Ln 4)           | \$             | 93.247     | \$          | (13,624) 5  | 5        | 79,623        |
| Nealthy Families Administrative Reimbursement   Clower of Ln 37, Ln 38)   S   93,247   S   (13,624)   S   79,623     Nealthy Families Administrative Reimbursement Limit (MH1979, Ln 8)   S   0   S   0   0     Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8)   S   0   S   0   0     Healthy Families Administrative Reimbursement (Lower of Ln 40, Ln 41)   S   0   S   0   S   0     Healthy Families Administrative Reimbursement (Lower of Ln 40, Ln 41)   S   0   S   0   S   0     Healthy Families Administrative Reimbursement (Lower of Ln 40, Ln 41)   S   0   S   0   S   0     Healthy Families Administrative Reimbursement (MH1979, Ln 14, Col. D)   S   0   S   44,252   S   44,252     Healthy Families Administrative Reimbursement (MH1979, Ln 15, Col. D)   S   0   S   0   S   0     Net SD/MC Reimbursement - FFP   S   Direct Services (MH1979, Ln 16,16A)   S   306,865   S   (46,275)   S   260,590     Healthy Families Reimbursement (MH1979, Ln 11, 12 & 13)   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 11, 12 & 13)   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 14)   S   S   S   S   S   S   S     Healthy Families Reimbursement (MH1979, Ln 15)   D   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 22)   S   390,303   S   (56,713)   S   333,590     Healthy Families Reimbursement - FFP   (Adj # 76)   S   390,303   S   (56,713)   S   333,590     Healthy Families Reimbursement (MH1979, Ln 26)   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 26)   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 26)   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 26)   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 26)   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 26)   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 26)   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 26)   D   D   D   D     Healthy Families Reimbursement (MH1979, Ln 26)   D   D   D   D     Healthy Families Reimbursement |   |                           | s —            |            |             |             |          | 93,357        |
| 40. Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8) \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$   |   |                           | \$_            |            | -           |             |          |               |
| 40. Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8) \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$   | Healthy Families Administrative Daimhursement     |                           |                |            |             |             |          |               |
| Healthy Families Administration   (MH1979, Ln 9)   S   | •   | + /MU1070 In 9)           | ¢              | 0          | ¢           | 0 1         | t        | 0             |
| Variable   Variable  | -   |                           |                |            |             |             |          |               |
| Net SD/MC Reimbursement   CMH1979, Ln 14, Col. D)   S  |   | , ,                       | · -            |            |             |             |          |               |
| Additional Additiona | 42. Healthy Families Administrative Reimbursement | (Lower of Lif 40, Lif 41) | <sub>2</sub> = |            | : Þ :       |             |          |               |
| Net SD/MC Reimbursement - FFP         (MH1979, Ln 15, Col. D)         \$         0         \$         0         \$         0           45. Direct Services         (MH1979, Ln 16,16A)         \$         306,865         \$         (46,275)         \$         260,590           46. Enhanced (Children)         (MH1979, Ln 17,17A)         133         (133)         0         0           47. Enhanced (Refugees)         (MH1979, Ln 18)         0   | Utilization Review Reimbursement                  |                           |                |            |             |             |          |               |
| Net SD/MC Reimbursement - FFP  | 43. Skilled Professional                          | (MH1979, Ln 14, Col. D)   | \$_            | 0          | \$ .        | 44,252      | \$       | 44,252        |
| 45. Direct Services (MH1979, Ln 16,16A) \$ 306,865 \$ (46,275) \$ 260,590   46. Enhanced (Children) (MH1979, Ln 17,17A) 133 (133) 0 47. Enhanced (Refugees) (MH1979, Ln 18) 0 0 0 0 0 48 MAA (MH1979, Ln 11, 12 & 13) 0 0 0 0 0 49. Administrative Reimbursement (MH1979, Ln 16) 46,623 (6,812) 39,811 0 50. U.R. Skilled Professional (MH1979, Ln 14) 36,682 (3,493) 33,189 0 51. U.R. Other (MH1979, Ln 15) 0 0 0 0 0 0 0 0 52. Negotiated Rate-Payback (MH1979, Ln 20) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 44. Other Medi-Cal U.R.                           | (MH1979, Ln 15, Col. D)   | \$=            | 0          | \$ =        |             | \$       | 0             |
| 46. Enhanced (Children)       (MH1979, Ln 17,17A)       133       (133)       0         47. Enhanced (Refugees)       (MH1979, Ln 18)       0       0       0         48 MAA       (MH 1979, Ln 11, 12 & 13)       0       0       0         49. Administrative Reimbursement       (MH1979, Ln 16)       46,623       (6,812)       39,811         50. U.R. Skilled Professional       (MH1979, Ln 14)       36,682       (3,493)       33,189         51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 390,303       \$ (56,713)       \$ 333,590         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       (MH 1979, Ln 22)       \$ 0       \$ 0       0         56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 0       \$ 0       \$ 0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 10)       0       0       0       0         59. Administrative Reimbursement       <  | Net SD/MC Reimbursement - FFP                     |                           |                |            |             |             |          |               |
| 47. Enhanced (Refugees)       (MH1979, Ln 18)       0       0       0         48 MAA       (MH1979, Ln 11, 12 & 13)       0       0       0         49. Administrative Reimbursement       (MH1979, Ln 16)       46,623       (6,812)       39,811         50. U.R. Skilled Professional       (MH1979, Ln 14)       36,682       (3,493)       33,189         51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 390,303       \$ (56,713)       \$ 333,590         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       0       0       0       0         56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 0       \$ 0       \$ 0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 10)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0       0         61. Total - FFP (Ln 56 + Ln 60)       \$   | 45. Direct Services                               | (MH1979, Ln 16,16A)       | \$             | 306,865    | \$          | (46,275)    | \$       | 260,590       |
| 47. Enhanced (Refugees)       (MH1979, Ln 18)       0       0       0         48 MAA       (MH 1979, Ln 11, 12 & 13)       0       0       0         49. Administrative Reimbursement       (MH1979, Ln 16)       46,623       (6,812)       39,811         50. U.R. Skilled Professional       (MH1979, Ln 14)       36,682       (3,493)       33,189         51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MF11979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 390,303       \$ (56,713)       \$ 333,590         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       0       0       0       0         56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 0       \$ 0       0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 10)       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$ 0       \$  | 46. Enhanced (Children)                           |                           |                | 133        |             | (133)       |          | 0             |
| 48 MAA       (MH 1979, Ln 11, 12 & 13)       0       0       0         49. Administrative Reimbursement       (MH1979, Ln 6)       46,623       (6,812)       39,811         50. U.R. Skilled Professional       (MH1979, Ln 14)       36,682       (3,493)       33,189         51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 390,303       \$ (56,713)       \$ 333,590         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       0       0       0       0         56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Reimbursement       (MH1979, Ln 24,24A)       \$ 0       \$ 0       \$ 0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$ 0       \$ 0       \$ 0       \$ 0         61. Total - FFP (Ln 56 + Ln 60)       \$ 390,303 <t< td=""><td></td><td>•</td><td></td><td>0</td><td></td><td>0</td><td></td><td>0</td></t<>  |   | •                         |                | 0          |             | 0           |          | 0             |
| 49. Administrative Reimbursement       (MH1979, Ln 6)       46,623       (6,812)       39,811         50. U.R. Skilled Professional       (MH1979, Ln 14)       36,682       (3,493)       33,189         51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 390,303       \$ (56,713)       \$ 333,590         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       0       0       0       0         56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Reimbursement - FFP       (MH1979, Ln 24,24A)       \$ 0       \$ 0       0         57. Healthy Families Net Reimbursement       (MH1979, Ln 26)       0       0       0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 10)       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$ 0       \$ 0       \$ 0         61. Total - FFP (Ln 56 + Ln 60)       \$ 390,303  |   |                           | 3)             | 0          |             | 0           |          | 0             |
| 50. U.R. Skilled Professional       (MH1979, Ln 14)       36,682       (3,493)       33,189         51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 390,303       \$ (56,713)       \$ 333,590         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0       0         55. Quality Assurance Review Results       0       0       0       0       0       0         56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Reimbursement - FFP       (MH1979, Ln 24,24A)       \$ 0       \$ 0       0         57. Healthy Families Net Reimbursement       (MH1979, Ln 26)       0       0       0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 10)       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$ 0       \$ 0       \$ 0         61. Total - FFP (Ln 56 + Ln 60)       \$ 390,303       \$ (56,713)       \$ 333,590   |   |                           | •              | 46,623     |             | (6,812)     |          | 39,811        |
| 51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 390,303       \$ (56,713)       \$ 333,590         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       \$ 0         55. Quality Assurance Review Results       0       0       0       0       0         56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Reimbursement - FFP         57. Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 0       \$ 0       \$ 0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$ 0       \$ 0       \$ 0       \$ 0         61. Total - FFP (Ln 56 + Ln 60)       \$ 390,303       \$ (56,713)       \$ 333,590  | 50. U.R. Skilled Professional                     |                           |                | =          |             | * : :       |          |               |
| 52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 390,303       \$ (56,713)       \$ 333,590         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       \$ 0         55. Quality Assurance Review Results       0       0       0       0         56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Reimbursement - FFP         57. Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 0       \$ 0       \$ 0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$ 0       \$ 0       \$ 0       0         61. Total - FFP (Ln 56 + Ln 60)       \$ 390,303       \$ (56,713)       \$ 333,590  |   |                           |                | •          |             |             |          |               |
| \$ 390,303 \$ (56,713) \$ 333,590 \$ 54. Contract Limitation Adjustment (MH 1979, Ln 22) \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 55. Quality Assurance Review Results 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |   |                           |                |            |             |             |          |               |
| 55. Quality Assurance Review Results       0       0       0         56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Reimbursement - FFP         57. Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 0       \$ 0       \$ 0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$ 0       \$ 0       \$ 0       0         61. Total - FFP (Ln 56 + Ln 60)       \$ 390,303       \$ (56,713)       \$ 333,590   |   |                           | \$_            |            | \$          |             | \$       |               |
| 55. Quality Assurance Review Results       0       0       0         56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Reimbursement - FFP         57. Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 0       \$ 0       \$ 0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$ 0       \$ 0       \$ 0       0         61. Total - FFP (Ln 56 + Ln 60)       \$ 390,303       \$ (56,713)       \$ 333,590   | 54 Content Limitation Adjustment                  | (MIL 1070 1 = 22)         | ¢              | 0          | ď           | 0           | <b>c</b> | 0             |
| 56. Total SD/MC Reimbursement - FFP       (Adj # 76)       \$ 390,303       \$ (56,713)       \$ 333,590         Net Healthy Families Reimbursement - FFP         57. Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 0       \$ 0       \$ 0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$ 0       \$ 0       \$ 0       0         61. Total - FFP (Ln 56 + Ln 60)       \$ 390,303       \$ (56,713)       \$ 333,590  | v   | (MH 1979, LN 22)          | Þ              |            | Ф           |             | Ф        |               |
| Net Healthy Families Reimbursement - FFP           57. Healthy Families Net Reimbursement         (MH1979, Ln 24,24A)         \$ 0 \$ 0 \$ 0           58. Negotiated Rate Exceed Costs         (MH1979, Ln 26)         0 0 0           59. Administrative Reimbursement         (MH1979, Ln 10)         0 0 0           60. Total Healthy Families Reimbursement - FFP         \$ 0 \$ 0 \$           61. Total - FFP (Ln 56 + Ln 60)         \$ 390,303 \$ (56,713) \$ 333,590   |   |                           | _              |            |             |             |          |               |
| 57. Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 0 \$ 0 \$ 0         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0 0 0         59. Administrative Reimbursement       (MH1979, Ln 10)       0 0 0         60. Total Healthy Families Reimbursement - FFP       \$ 0 \$ 0         61. Total - FFP (Ln 56 + Ln 60)       \$ 390,303 \$ (56,713) \$ 333,590   | 56. Total SD/MC Reimbursement - FFP               | (Adj # 76)                | \$ _           | 390,303    | = \$        | (56,713)    | \$       | 333,590       |
| 58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$       0       \$       0       \$         61. Total - FFP (Ln 56 + Ln 60)       \$       390,303       \$       (56,713)       \$       333,590  | Net Healthy Families Reimbursement - FFP          |                           |                |            |             |             |          |               |
| 59. Administrative Reimbursement       (MH1979, Ln 10)       0       0       0         60. Total Healthy Families Reimbursement - FFP       \$       0       \$       0       \$       0         61. Total - FFP (Ln 56 + Ln 60)       \$       390,303       \$       (56,713)       \$       333,590   | 57. Healthy Families Net Reimbursement            | (MH1979, Ln 24,24A)       | \$             | 0          | \$          | 0           | \$       | 0             |
| 60. Total Healthy Families Reimbursement - FFP \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 1. Total - FFP (Ln 56 + Ln 60) \$ 390,303 \$ (56,713) \$ 333,590   | 58. Negotiated Rate Exceed Costs                  | (MH1979, Ln 26)           |                | 0          |             | 0           |          | 0             |
| 61. Total - FFP (Ln 56 + Ln 60) \$ 390,303 \$ (56,713) \$ 333,590  | 59. Administrative Reimbursement                  | (MH1979, Ln 10)           |                | 0          | _           | 0           |          | 0             |
|  | 60. Total Healthy Families Reimbursement - FFP    |                           | \$ =           | 0          | -<br>-<br>- | 0           | \$       | 0             |
|  | 61. Total - FFP (Ln 56 + Ln 60)                   |                           | \$             | 390 303    | \$          | (56 713)    | \$       | 333 590       |
|  | 21. 22.2. 11. (21.22 21.00)                       |                           | *=             |            | = "         | (50,715)    |          | <del></del> _ |

## MODOC COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

| _  | As Settled | Audit<br>Adjustments | As Audited              |
|--|------------|----------------------|-------------------------|
| (I) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors) | 597,811    | (90,827)             | 506,984                 |
| (2) Total SD/MC Claims   | 467,686    | 0                    | 467,686                 |
| (3) Percent % (Line 1/Line 2)  | 127.82%    | -19.42%              | 108.40%                 |
| (4) EPSDT Claims   | 157,979    | 0                    | 157,979                 |
| (5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)                          | 201,934    | (30,680)             | 171,253                 |
| (6) Cost Settled Baseline for EPSDT  | 18,733     | 0                    | 18,733                  |
| (7) Net Cost Settlement Amount (Line 5 - Line 6)                               | 183,201    | (30,680)             | 152,520                 |
| (8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)                     | 88,960     | (14,895)             | 74,064                  |
| (8a) FY 2001-02 EPSDT settlement   | 96,868     | 0                    | 96,868                  |
| (8b) Annual Local Growth (L. 8 - 8a)   | 0          | 0                    | 0                       |
| (9) County Match 10% of Local Growth (8b x 10%)                                | 0          | 0                    | 0                       |
| (10) Net cost settlement amount (L. 8 - 9)                                     | 88,960     | (14,896)             | 74,064                  |
| (11) SGF Distribution (Settled and Audited)                                    | 88,960     | 0                    | 88,960                  |
| (12) SGF Due (State)   | 0          | (14,896)             | (14,896)<br>(To Sch. 1) |

## Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY2002-2003, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8)-(9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (13) Amount owed back to the state cannot be more than was advanced or settled.

| Provider       | <del>-</del>                  |                |             |   | Provider Number      | No. of Adj.                        | Fiscal F                    | Period Ended                   |
|----------------|-------------------------------|----------------|-------------|---|----------------------|------------------------------------|-----------------------------|--------------------------------|
|                | MODOC COU                     | NTY            |             |   | 00025                | 15                                 | June                        | 30, 2003                       |
|                | Report Refe                   | rence          |             |   |                      | As                                 | Increase                    | As                             |
| Adj.<br>No.    | Form/<br>Sch.                 | Line           | Çol.        | EXPLANATION OF AUDIT ADJUSTME   | ENTS<br>             | Reported                           | (Decrease)                  | Adjusted                       |
|                |                               |                |             | ADJUSTMENTS TO REPORTED COSTS   |                      |                                    |                             |                                |
| 1<br>2<br>Info | MH 1960<br>MH 1960<br>MH 1960 | 9<br>11<br>12  | 3<br>3<br>3 | SD/MC ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To allocate Total Administrative Costs between SD/MC and No Administration based on the gross cost method percentages of for SD/MC and 44.83% for Non SD/MC.                                | on SD/MC<br>f 55.17% | \$ 106,498<br>62,712<br>\$ 169,210 | \$ (13,141)<br>13,141<br>\$ | \$ 93,357 * 75,853 * 169,210 * |
| 3<br>4<br>Info | MH 1960<br>MH 1960<br>MH 1960 | 13<br>15<br>16 | CCC         | SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS  To allocate total utilization review costs to Medi-Cal and non-M based on the gross cost method percentages of 56.95% for SF and 43.054% for Non-SD/MC UR. |                      | \$ 48,909<br>28,800<br>\$ 77,709   | \$ (4,657)<br>\$ 4,657      | \$ 44,252 * 33,457 * 77,709 *  |
|                |                               |                |             |   |                      |                                    |                             |                                |
|                |                               |                |             |   |                      |                                    |                             |                                |
|                |                               |                |             |   |                      |                                    |                             |                                |
|                |                               |                |             | * Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.   |                      |                                    |                             |                                |

| Provider MODOC COUNTY |  |                      |                         | Provider Number   | No. of Adj.          |   | eriod Ended                              |                                       |
|-----------------------|--|----------------------|-------------------------|---|----------------------|---|--|---------------------------------------|
|                       |  |                      |                         |   | 00025                | 15                                      | June 3                                   | 30, 2003                              |
| Adj.                  | Report Refe<br>Form/<br>Sch.                 | Line                 | Col.                    | EXPLANATION OF AUDIT ADJUSTM  | ENTS                 | As<br>Reported                          | Increase<br>(Decrease)                   | As<br>Adjusted                        |
|                       |  |                      |                         | ADJUSTMENTS TO REPORTED SDIMC UN<br>COUNTY PROVIDERS  | <u>ITS</u>           |   |  |                                       |
| 5 6 7                 | MH 1966A<br>MH 1966A<br>MH 1966A<br>MH 1966A | 8<br>8A<br>10<br>10A | Total<br>Total<br>Total | MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust the as settled (MH 1966A) SD/MC units of service/til county operated facilities to agree with the State DMH Approvice. Report dated February 13, 2007. Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 workshee the units for the three (3) reimbursement periods. | ed Claims<br>ns have | 47,430<br>221,441<br>60<br>0<br>268,931 | (60)<br>(67,740)<br>-<br>240<br>(67,560) | 47,370 * 153,701 * 240 * 2201,371 * 1 |
|                       |  |                      |                         | * Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.  |                      |   |  |                                       |

| Provider           | MODOC COU                                    | NTY                  |  |   | Provider Number<br>00025 | No. of Adj.<br>15  |                                 | eriod Ended<br>30, 2003              |
|--------------------|--|----------------------|--|---|--------------------------|--|---------------------------------|--------------------------------------|
|                    | Report Refe                                  | rence                | _  |   |                          | As   | Increase                        | As                                   |
| Adj.<br>No.        | Form/<br>Sch.                                | Line                 | Col.                                     | EXPLANATION OF AUDIT ADJUSTME   | ENTS<br>                 | Reported   | (Decrease)                      | Adjusted                             |
|                    |  |                      |  | ADJUSTMENTS TO REPORTED SD/MC UNI<br>COUNTY PROVIDERS   | <u>rs</u>                |  |                                 |                                      |
| 8<br>9<br>10<br>11 | MH 1966A<br>MH 1966A<br>MH 1966A<br>MH 1966A | 8<br>8A<br>10<br>10A | Total<br>Total<br>Total<br>Total<br>Info | MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDI-CAL UNITS - 10/01/02 to 06/30/03  ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02  ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03  TOTAL  To adjust the SD/MC units of service/time per the State DMH A Claims Report to the county's records.  Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheet the units for the three (3) reimbursement periods. | ns have                  | ** 47,370<br>** 153,701<br>** 60<br>** 240<br>** 201,371 | 60<br>240<br>(60)<br>(240)<br>0 | 47,430 * 153,941 * 0 * 0 * 201,371 * |
| 12<br>13<br>Info   | MH 1966A<br>MH 1966A                         | 8<br>8A<br>8A        | Total<br>Total<br>Info                   | MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust the SD/MC units of service/time to the lesser of the orecords or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheet the units for the three (3) reimbursement periods.  | is have                  | ** 47,430<br>** 153,941<br>** 201,371                    | (60)<br>(240)<br>(300)          | 47,370 * 153,701 * 201,071 *         |
|                    |  |                      |  | * Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.   |                          |  |                                 |                                      |

Department of Mental Health

| Provider |                    | <del></del>    |      |  | Provider Number | No. of Adj.              |                                 | eriod Ended                   |
|----------|--------------------|----------------|------|--|-----------------|--------------------------|---------------------------------|-------------------------------|
|          | MODOC COU          | OUNTY 00025 15 |      | 15   | June            | 30, 2003                 |                                 |                               |
| Adj.     | Report Reference   |                |      | EXPLANATION OF AUDIT ADJUSTME  | ENTS            | As<br>Reported           | Increase<br>(Decrease)          | As<br>Adjusted                |
| _No      | Sch.               | Line           | Col. |  |                 |                          |                                 |                               |
| 14       | MH 1979<br>MH 1979 | 21<br>27       | J    | ADJUSTMENTS TO REPORTED SD/MC SETTLE  TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY  TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY  TOTAL REIMBURSEMENT - COUNTY  To adjust the SD/MC (FFP) and Healthy Families (FFP) due to costs and units.  |                 | \$ 390,303<br>\$ 390,303 | \$ (56,713)<br>-<br>\$ (56,713) | \$ 333,590<br>-<br>\$ 333,590 |
| 15       | Sch. 4             | . 8            | 3    | ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT  TOTAL EPSDT SGF  To adjust the State General Fund share of EPSDT as a result of SD/MC reimbursements as reflected on Lines 16, 16A, 17, 1 Column C of the form MH 1979 of the audited County and cont cost reports. | 7A, and 18,     | \$ 88,960                | \$ (14,896)                     | \$ 74,064                     |
|          |                    |                |      |  |                 |                          |                                 |                               |
|          |                    |                |      | * Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.   |                 |                          |                                 |                               |

# MODOC COUNTY COMMUNITY MENTAL HEALTH SERVICES SHORT-DOYLE/MEDI-CAL PROGRAM FINDINGS AND RECOMMENDATIONS FOR FISCAL YEAR ENDED JUNE 30, 2003

## FINDING 1 - PROPER BILLING OF M/C UNITS FOR PHASE II TBS

During our audit process, our reconciliation of units revealed that the county contracted for TBS services but failed to bill Medi-Cal for those services. This is evident as the County reported TBS units in its cost report under Phase II. However, the DMH Approved Claims reports do not include the units for Phase II TBS.

## **AUDIT AUTHORITY:**

DMH Letter 03-05 dated October 3, 2003 Fiscal Year 2002/03 Cost Report Instructions, Page 22.

## **RECOMMENDATION:**

We recommend that the County review the above-cited audit authorities, review its tracking mechanism for SD/MC units, as well as its billing system in order that services rendered are billed timely and appropriately so as not to jeopardize future SD/MC FFP reimbursement.

## **AUDITEE'S RESPONSE:**

We concur with the Audit Team's finding that the DMH Approved Claims reports do not include the units for Phase II TBS. The above referenced Audit Authorities have been reviewed along with the tracking of SD/MC units and the billing system in order for services to be billed in a timely and appropriate manner so as not to jeopardize future SD/MC FFP reimbursement.

## CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: MODOC COUNTY

County Code: 25

|          | Legal Entity: MODOC COUNTY                         | A            | В         | С         |
|----------|--|--------------|-----------|-----------|
| Leg      | gal Entity Number: 00025                           | Salaries     |           | Total     |
|          |  | and Benefits | _ Other   | Costs     |
| 1_       | Mental Health Expenditures                         | 725,122      | 548,616   | 1,273,738 |
| 2        | Encumbrances                                       |              |           |           |
| 3        | Less: Payments to Contract Providers (County Only) |              | (183,930) | (183,930) |
| 4        | Other Adjustments (Provide Detail)                 |              | 41,803    | 41,803    |
| 5        | Total Costs Before Medi-Cal Adjustments            | 725,122      | 406,489   | 1,131,611 |
| 6_       | Medi-Cal Adjustments from MH 1961                  |              |           | 38,438    |
| 7        | Managed Care Consolidation (County Only)           |              |           |           |
| 8        | Allowable Costs for Allocation                     |              |           | 1,170,049 |
|          | Administrative Costs (County Only)                 |              |           |           |
| 9        | SD/MC Administration                               |              |           | 93,357    |
| 10       | Healthy Families Administration                    |              |           |           |
| 11       | Non-SD/MC Administration                           |              |           | 75,853    |
| 12       | Total Administrative Costs                         |              |           | 169,210   |
|          |  |              |           |           |
|          | Utilization Review Costs (County Only)             |              |           |           |
| 13       | Skilled Professional Medical Personnel             |              |           | 44,252    |
| 14       | Other SD/MC Utilization Review                     |              |           | 0         |
| 15       | Non-SD/MC Utilization Review                       |              |           | 33,457    |
| 16       | Total Utilization Review Costs                     |              |           | 77,709    |
|          |  |              |           |           |
| 17       | Research and Evaluation (County Only)              |              |           |           |
| <u> </u> |  |              |           |           |
| 18       | Mode Costs (Direct Service and MAA)                |              |           | 923,130   |
| <u></u>  |  |              |           |           |
| 19       | Total Costs - Lines 9 through 18                   |              |           | 1,170,049 |

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

## **DEPARTMENT OF MENTAL HEALTH**

Fiscal Year 2002-2003

County: MODOC COUNTY

County Code: 25

| Legal Entity: MODOC COUNTY | Α            | В_     | С           |
|----------------------------|--------------|--------|-------------|
| Legal Entity Number: 00025 | Salaries     |        | Total       |
|                            | and Benefits | Other  | Adjustments |
| 1   EQUIPMENT DEPRECIATION |              | 38,438 | 38,438      |
| 2                          |              |        |             |
| 3                          |              |        |             |
| 4                          |              |        |             |
| 5                          |              |        |             |
| 6                          |              |        |             |
| 7                          |              |        |             |
| 8 9                        |              |        |             |
|                            |              |        |             |
| 10                         |              |        |             |
| 11                         |              |        |             |
| 12                         |              |        |             |
| 13                         |              |        |             |
| [14]                       |              |        |             |
| 15                         | T            |        |             |
| 16                         |              |        |             |
| 17                         |              |        |             |
| 18                         |              |        |             |
| 19                         |              |        |             |
| 20 Total Adjustments       |              | 38,438 | 38,438      |

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

County: MODOC COUNTY County Code: 25

|    | Legal Entity: MODOC COUNTY                          | A       |
|----|---|---------|
| Le | gal Entity Number: 00025                            | Total   |
|    |   | Costs   |
| 1  | Mode Costs (Direct Service and MAA) from MH 1960    | 923,130 |
|    | Modes   |         |
| 2  | Hospital Inpatient Services (Mode 05-SFC 10-19)     |         |
| 3  | Other 24 Hour Services (Mode 05-All Other SFC)      |         |
| 4  | Day Services (Mode 10)                              |         |
| 5  | Outpatient Services (Mode 15 Program 1 + Program 2) | 891,888 |
| 6  | Outreach Services (Mode 45)                         | 31,242  |
| 7  | Medi-Cal Administrative Activities (Mode 55)        |         |
| 8  | Support Services (Mode 60)                          |         |
| 9  | Total - Lines 2 through 8                           | 923,130 |

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: MODOC COUNTY

| County Code: 25   |   | CR   | _ CR               | CR                | CR  | CR _        | CR   |                               |
|---|---|--|--------------------|-------------------|---|-------------|--|-------------------------------|
| Legal Entity: MODOC COUNTY  |   | A  | В                  | С                 | D   | E           | F  | Ģ                             |
| Legal Entity Number: 00025  |   | J ]  | Service            | Service           | Service                                       | Service     | Service  | Service                       |
| Mode: 15 - Outpatient (Program 1)   | <del></del>                             | Mode Total                                       | Function           | Function          | Function                                      | Function    | Function   | Function                      |
| _ <del></del>   |   |  | 01                 | 10                | 30  | 40          | 50   | 58                            |
| 1 Allocation Percentage   |   | 100.00%  | 1.89%              | 0.50%             | 0.19%   | 69.93%      | 0.24%  | 0.24%                         |
| 2 Total Units   |   |  | 8,648              | 1,730             | 650   | 241,426     | 845  | 840                           |
| 3 Gross Cost  |   | 783,009  | 14,805             | 3,924             | 1,473   | 547,595     | 1,916  | 1,905                         |
| 4 Cost per Unit   | ······································  |  | 1.71               | 2.27              | 2.27  | 2.27        | 2.27   | 2.27                          |
| 5 SMA per Unit  |   |  |                    |                   | 2.28  | 2.28        | 2.28   | 2.28                          |
| 6 Published Charge per Unit   |   |  | 1.57               | 2.08              | 2.08  | 2.08        | 2.08   | 2.08                          |
| 7 Negotiated Rate / Cost per Unit   |   |  |                    |                   |   |             |  |                               |
| 8   | 07/01/02 - 09/30/02                     |  | 1,434              | 55                | [1] 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1     | 38,246      | <u> </u>   | <u> </u>                      |
| Medi-Cal Units  | 10/01/02 - 06/30/03                     |  | 3,926              | 1,285             | 245   | 121,550     |  | 840                           |
|   | 07/01/02 - 09/30/02                     |  | 3,520              | 1,200             | 243   | 121,000     |  |                               |
| Medicare/Medi-Cal Crossover Units   | 10/01/02 - 06/30/03                     |  |                    |                   |   | _           |  |                               |
| 10 Cabanad SDMC (Children) I laite  | 07/01/02 - 09/30/02                     |  |                    |                   |   |             |  |                               |
| Enhanced SD/MC (Children) Units   | 10/01/02 - 06/30/03                     |  |                    | <del></del>       |   |             |  |                               |
| 108 Enhanced SD/MC (Refugees) Units   | 07/01/02 - 06/30/03                     |  |                    | <del></del>       |   |             |  | <del></del>                   |
|   |   | #1241751212121211111111111111111111111111        |                    |                   |   |             |  |                               |
| Healthy Families (SED) Units  | 07/01/02 - 09/30/02                     |  |                    |                   |   |             |  |                               |
| 11A Non-Medi-Cal Units  | 10/01/02 - 06/30/03                     |  | 2 200              | 300               | 405   |             |  |                               |
| 12 Non-Medi-Cal Units   |   |  | 3,288              | 390               | 405   | 81,630      | 845  |                               |
| Medi-Cal Costs  | 07/01/02 - 09/30/02                     | 119,503  | 2,455              | 125               |   | 86,748      |  |                               |
| 13A Medi-Cai Costs  | 10/01/02 - 06/30/03                     | 389,808  | 6,721              | 2,915             | 555   | 275,696     |  | 1,905                         |
| 14 Madi Cal SMA Hanas Limita  | 07/01/02 - 09/30/02                     | 120,611  | 2,538              | 125               |   | 87,201      |  |                               |
| Medi-Cal SMA Upper Limits   | 10/01/02 - 06/30/03                     | 393,429  | 6,949              | 2,930             | 559   | 277,134     |  | 1,915                         |
| 15 Madi Cal Bublished Charges   | 07/01/02 - 09/30/02                     | 109,589  | 2,251              | 114               |   | 79,552      |  |                               |
| Medi-Cal Published Charges  | 10/01/02 - 06/30/03                     | 357,470  | 6,164              | 2,673             | 510   | 252,824     |  | 1,747                         |
| 16  | 07/01/02 - 09/30/02                     | · · · · · · · · · · · · · · · · · · ·            |                    |                   |   |             |  |                               |
| Medi-Cal Negotiated Rates   | 10/01/02 - 06/30/03                     |  |                    |                   |   |             |  |                               |
|   |   |  | <u> </u>           | NOW NAMED IN      | <del>upana araba),</del>                      | 400,000,000 | <u> </u>   | <u> elegisterini</u>          |
| Medicare/Medi-Cal Crossover Costs   | 07/01/02 - 09/30/02                     | <u> </u>   |                    |                   |   |             |  |                               |
| 17A Wedicare Wedi-Car Clossover Costs   | 10/01/02 - 06/30/03                     |  |                    |                   |   |             |  |                               |
| Medicare/Medi-Cal Crossover SMA Upper Limits  | 07/01/02 - 09/30/02                     |  |                    |                   |   |             |  |                               |
| 18A   | 10/01/02 - 06/30/03                     | L  |                    |                   |   |             |  | _                             |
| Medicare/Medi-Cal Crossover Published Charges   | 07/01/02 - 09/30/02                     |  |                    |                   |   |             |  |                               |
| 19A[  | 10/01/02 - 06/30/03                     | <u> </u>   |                    |                   |   |             |  |                               |
| Medicare/Medi-Cal Crossover Negotiated Rates  | 07/01/02 - 09/30/02                     |  |                    |                   |   |             |  |                               |
| 20A Wedicarchiedi-car crossover regonated reales  | 10/01/02 - 06/30/03                     |  |                    |                   |   |             |  |                               |
| 21 Enhanced SD/MC Conta   | 07/01/02 - 09/30/02                     | ·····  | <del></del>        | ******            |   | *********** |  | ***********                   |
| Enhanced SD/MC Costs  | 10/01/02 - 06/30/03                     |  |                    |                   |   |             |  |                               |
| 27  | 07/01/02 - 09/30/02                     |  |                    |                   |   |             |  |                               |
| Enhanced SD/MC SMA Upper Limits   | 10/01/02 - 06/30/03                     |  |                    |                   |   |             |  |                               |
| 23  | 07/01/02 - 09/30/02                     | <del>                                     </del> |                    |                   |   |             | +  |                               |
| Enhanced SD/MC Published Charges  | 10/01/02 - 06/30/03                     | <del> </del>                                     | <del></del> +      |                   |   |             | <del>+</del>   |                               |
| 24  | 07/01/02 - 09/30/02                     | <del>  </del>                                    |                    | <del></del>       |   |             |  |                               |
| Enhanced SD/MC Negotiated Rates   | 10/01/02 - 06/30/03                     | <del>                                     </del> |                    |                   |   |             |  |                               |
| and the about the entry entry encoders the entry of the entry entry entry entry entry entry entry entry entry e |   |  |                    |                   | 11) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1        |             | <u></u>  | ragioni in <del>icio</del> ni |
| 25 Enhanced SD/MC (Refugees) Costs  | 07/01/02 - 06/30/03                     |  |                    |                   |   |             |  |                               |
| 26 Enhanced SD/MC (Refugees) SMA Upper Limits   | 07/01/02 - 06/30/03                     |  |                    |                   |   |             |  |                               |
| 27 Enhanced SD/MC (Refugees) Published Charges  | 07/01/02 - 06/30/03                     |  |                    |                   |   |             |  |                               |
| Enhanced SD/MC (Refugees) Negotiated Rates  | 07/01/02 - 06/30/03                     |  |                    |                   |   |             |  |                               |
| 29 Hadiba Familia Costs   | 07/01/02 - 09/30/02                     |  | 1-11-12-11-1-1-1-1 | <u> </u>          | 12 (12 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 |             | <u> </u>   | <u>algorithmagga</u>          |
| Healthy Families Costs  | 10/01/02 - 06/30/03                     | <del>                                     </del> | +                  | $\longrightarrow$ |   | +           | <del>+</del>   |                               |
| 20  | 07/01/02 - 09/30/02                     | <del> </del> +                                   |                    |                   | <del>+</del>                                  |             | +  |                               |
| Healthy Families SMA Upper Limits   | 10/01/02 - 06/30/03                     | <del></del>                                      | <del>+</del>       | +                 | +   |             |  |                               |
|   | 07/01/02 - 09/30/02                     | <del></del>                                      |                    |                   | <del></del> +                                 |             | <del></del> +  |                               |
| Healthy Families Published Charges  |   | <del> </del>                                     |                    |                   |   | <del></del> | <del></del> +  |                               |
| 31A   | 10/01/02 - 06/30/03                     | <del> </del>                                     | <del>+</del>       |                   |   |             |  |                               |
| Healthy Families Negotiated Rates   | 07/01/02 - 09/30/02                     |  |                    |                   |   |             |  |                               |
| 32A   | 10/01/02 - 06/30/03                     |  |                    |                   |   |             |  |                               |
| こうこうしゅう とうさい とうさい とうさい しょうこうしゃ しょうこうじょう しょうしょう しょうしょう しょうしょう アンテンテンテンテンテンテンテンテンテンテンテンテンテンテンテンテンテンテンテ            | ] = _ = _ = _ = _ = _ = _ = _ = _ = _ = |  |                    |                   |   |             | A CONTRACTOR OF THE PARTY OF TH |                               |

DETAIL COST REPORT

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: MODOC COUNTY
County Code: 25

33 Non-Medi-Cal Costs

|            | County: MODOC COUNTY   |  | 0.5  | 0.7                                     |          |  |   |                    |  |
|------------|--|--|--|---|----------|--|---|--------------------|--|
|            | County Code: 25  |  | CR   | CR                                      |          |  |   |                    |  |
|            | Legal Entity: MODOC COUNTY   |  | H  |   | J        | Κ  | L                                       | M                  | N  |
| Le         | gal Entity Number: 00025   |  | Service  | Service                                 | Service  | Service  | Service                                 | Service            | Service  |
| <b>⊢</b> – | Mode: 15 - Outpatient (Program 1)  |  | Function   | Function                                | Function | Function   | Function                                | Function           | Function   |
| -          | Allocation Percentage  |  | 60_<br>19.08%  | 70<br>7.91%                             | <u> </u> | <del> </del>                                     | <del> </del>                            |                    | <u> </u>   |
| 2          | Total Units  |  | 36,060   | 18,390                                  |          | <del></del> -                                    | <del> </del>                            | ₩                  | <del>                                     </del>   |
| 3          | Gross Cost   |  | 149,425  | 61,966                                  |          | +  | <del> </del>                            |                    | <del>                                     </del>   |
|            |  | <u>agagaanga paangagaa</u>                 |  |   |          | <u> </u>   | HEREIGE ER                              |                    |  |
| 4          | Cost per Unit  |  | 4.14   | 3.37                                    |          |  |   |                    | <u> </u>   |
| 5          | SMA per Unit   |  | 4.23   | 3.41                                    | ļ        | <del>                                     </del> |   | <del> </del>       | <u> </u>   |
| 7          | Published Charge per Unit<br>Negotiated Rate / Cost per Unit   |  | 3.80   | 3.09                                    | <u> </u> | <del></del>                                      | <del></del>                             |                    | <u> </u>   |
| 1000       | egotiateu Kate / Cost per O/iit  |  | 0.000 <u>2.000</u> 0000000                               |   |          | 4002200000                                       |   |                    |  |
| 8          | Medi-Cal Units   | 07/01/02 - 09/30/02                        | 5,745  | 1,890                                   |          |  |   |                    |  |
| 8A         | Wiedi-Cai Oliks  | 10/01/02 - 06/30/03                        | 19,240   | 6,615                                   |          |  |   |                    |  |
| 9          | Medicare/Medi-Cal Crossover Units  | 07/01/02 - 09/30/02                        |  |   |          |  |   |                    |  |
| 9A         | THE GLOST CHINGS   | 10/01/02 - 06/30/03                        | <u> </u>   |   |          |  |   |                    |  |
| 10         | Enhanced SD/MC (Children) Units  | 07/01/02 - 09/30/02                        |  |   |          |  |   |                    |  |
| 10A        | <u></u>  | 10/01/02 - 06/30/03                        |  |   |          |  |   |                    |  |
| 10B        | Enhanced SD/MC (Refugees) Units  | 07/01/02 - 06/30/03                        |  |   |          |  |   |                    |  |
| 11         | Healthy Families (SED) Units   | 07/01/02 - 09/30/02                        |  |   |          |  | L                                       |                    |  |
| 11A        |  | 10/01/02 - 06/30/03                        |  |   |          | <del> </del> _                                   |   |                    |  |
| 12         | Non-Medi-Cal Units   | Tatalana di Tatalana di Araba da Arab      | 11,075   | 9,885                                   |          |  |   | 1                  |  |
| 13         | N-d C-l C-da   | 07/01/02 - 09/30/02                        | 23,806   | 6,368                                   |          |  |   | 1                  |  |
| 13A        | Medi-Cal Costs   | 10/01/02 - 06/30/03                        | 79,726   | 22,290                                  |          |  |   |                    |  |
| 14         | LL d'Ol Chia Harani inita  | 07/01/02 - 09/30/02                        | 24,301   | 6,445                                   |          |  |   |                    |  |
| 14A        | Medi-Cal SMA Upper Limits  | 10/01/02 - 06/30/03                        | 81,385   | 22,557                                  |          |  |   | <del></del>        |  |
| 15         | Modi Cal Dublished Charges   | 07/01/02 - 09/30/02                        | 21,831   | 5,840                                   |          |  |   |                    |  |
| 15A        | Medi-Cal Published Charges   | 10/01/02 - 06/30/03                        | 73,112   | 20,440                                  |          |  |   |                    |  |
| 16         | Medi-Cal Negotiated Rates  | 07/01/02 - 09/30/02                        |  |   |          |  |   |                    |  |
| 16A        | Medi-Cal Negotiated Nates  | 10/01/02 - 06/30/03                        |  |   |          |  |   |                    |  |
| 17         | <u> </u>   | 07/01/02 - 09/30/02                        |  |   |          | Selection in the later                           |   |                    | 3500 <u>9999009</u>  |
| 17A        |  | 10/01/02 - 06/30/03                        |  |   |          |  |   |                    | <del> </del>   |
| 18         |  | 07/01/02 - 09/30/02                        |  |   |          | <del> </del>                                     |   | <del> </del>       | <del></del>  |
| 18A        | Medicare/Medi-Cal Crossover SMA Upper Limits   | 10/01/02 - 06/30/03                        |  |   |          |  |   | <del></del>        | <del>                                     </del>   |
| 19         |  | 07/01/02 - 09/30/02                        |  |   |          |  |   |                    | <del></del>  |
| 19A        | Medicare/Medi-Cal Crossover Published Charges  | 10/01/02 - 06/30/03                        |  |   |          |  |   |                    | <del></del>  |
| 20         | M # - 41 F O 1 O N F 4 D 1   | 07/01/02 - 09/30/02                        |  |   |          |  |   |                    |  |
| 20A        | Medicare/Medi-Cal Crossover Negotiated Rates   | 10/01/02 - 06/30/03                        |  |   |          |  |   |                    | -  |
| 21         |  | 07/04/02 00/20/02                          | deres (August)   | 110000000000000000000000000000000000000 | <u> </u> | <u> Charactering an a</u>                        | <u>atengan de</u> n ara                 | <u>St</u> errorran | <u> concerniquen</u>   |
| 21A        | Enhanced SD/MC Costs   | 07/01/02 - 09/30/02<br>19/01/02 - 06/30/03 |  | <del></del>                             |          |  |   |                    | <del></del> -  |
| 22         | <del> </del>   | 07/01/02 - 09/30/02                        |  |   |          | <del></del>                                      |   |                    |  |
| 22A        | Enhanced SD/MC SMA Upper Limits  | 10/01/02 - 06/30/03                        |  |   |          | <del> </del>                                     | <u> </u>                                | <del></del>        | <b></b>  |
| 23         | <del></del>  | 07/01/02 - 09/30/02                        |  |   |          | <del> </del> -                                   |   | <del></del>        |  |
| 23A        | Enhanced SD/MC Published Charges   | 10/01/02 - 06/30/03                        | <del></del>  | ——— <del> </del>                        |          |  |   |                    | <del> </del> -   |
| 24         |  | 07/01/02 - 09/30/02                        |  |   |          | <del>                                     </del> |   | <del> </del>       | <del>                                     </del>   |
| 24A        | Enhanced SD/MC Negotiated Rates  | 10/01/02 - 06/30/03                        | <del></del>  |   | ———-     | <del> </del> -                                   |   |                    | <del></del>  |
|            |  |  |  |   |          |  | arrantigasini                           |                    | 00000000000  |
| 25         | Enhanced SD/MC (Refugees) Costs  | 07/01/02 - 06/30/03                        |  |   |          |  |   |                    |  |
| 26         | Enhanced SD/MC (Refugees) SMA Upper Limits   | 07/01/02 - 06/30/03                        |  |   |          |  |   |                    |  |
| 27         | Enhanced SD/MC (Refugees) Published Charges  | 07/01/02 - 06/30/03                        |  | +                                       |          |  |   |                    |  |
| 28         | Enhanced SD/MC (Refugees) Negotiated Rates   | 07/01/02 - 06/30/03                        |  |   |          |  |   |                    |  |
| 29         | Healthy English Casts  | 07/01/02 - 09/30/02                        |  |   |          |  |   |                    |  |
| 29A        | Healthy Families Costs   | 10/01/02 - 06/30/03                        |  |   |          |  |   |                    |  |
| 30         | Healthy Families SMA Upper Limits  | 07/01/02 - 09/30/02                        |  |   |          |  |   |                    |  |
| 30A        |  | 10/01/02 - 06/30/03                        |  |   |          |  |   |                    |  |
| 31         | Healthy Families Published Charges   | 07/01/02 - 09/30/02                        |  |   |          |  |   |                    |  |
| 31A        | Trousing Families Fabrica Orlanges   | 10/01/02 - 06/30/03                        |  | 1                                       |          |  |   |                    |  |
| 32         | Healthy Families Negotiated Rates  | 07/01/02 - 09/30/02                        |  |   |          |  |   |                    |  |
| 32A        | Tiodally 1 diffilled Hogoliated Nates  | 10/01/02 - 06/30/03                        |  |   |          |  |   |                    |  |
| 11.5       | <u>istorio dell'organista dell'altra della di productiva dell'organista dell'organista dell'altra dell'altra della</u> | <u>, er er Territoria arabatan ba</u>      | <u> Agrandada an an</u> | <u> </u>                                |          | <u></u>  | 11.11.11.11.11.11.11.11.11.11.11.11.11. |                    | Contract Con |

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DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

| County Code: 25  |  |
|--|--|
| Legal Entity Number: 00025   | Service  |
| Mode: 15 - Outpatient (Program 2)  |  |
| Allocation Percentage  | , Great  |
| Allocation Percentage  |  |
| 2   Total Units  |  |
| Cost per Unit  |  |
| 1.33   1.25   2.00   |  |
| S MAN per Unit   | 2.2.   |
| Published Charge per Unit  |  |
| Negotiated Rate / Cost per Unit   O7/01/02 - 09/30/02   O7/01/02 - 09/30/03   O7/01/02 - 09/30/02   O7/01/02 - 09/30/03   O7/01/02 - 09/30/02   O7/01/02   |  |
| Medi-Cal Units   |  |
| BA   Medi-Cal Units   10/01/02 - 06/30/03  |  |
| SA   |  |
| 9A   Medicare/Medi-Cal Clossover Onits   10/01/02 - 06/30/03   |  |
| 10   |  |
| 100  |  |
| 10A  |  |
| 11   |  |
| 11A   Healthy Families (SED) Units   10/01/02 - 06/30/03   |  |
| 11A  |  |
| 13   Medi-Cal Costs   07/01/02 - 09/30/02   10/01/02 - 06/30/03    |  |
| 13A   Medi-Cal Costs   10/01/02 - 06/30/03   |  |
| 13A   Medi-Cal Costs   10/01/02 - 06/30/03   |  |
| 14   Medi-Cal SMA Upper Limits   | <del></del>                                      |
| 14A   Medi-Cal SMA Upper Limits   10/01/02 - 06/30/03     10/01/02 - 09/30/02     10/01/02 - 09/30/02     10/01/02 - 06/30/03     10/01/02 - 06/30/03     10/01/02 - 06/30/03     10/01/02 - 06/30/03     10/01/02 - 09/30/02     10/01/02 - 09/30/02     10/01/02 - 06/30/03     10/01/02 - 06/30/0   | <del></del> -                                    |
| 15   | <del></del>                                      |
| 15A   Medi-Cal Published Criarges   10/01/02 - 06/30/03  | +  |
| 16   |  |
| 16A   Medi-Cal Negotiated Rates   10/01/02 - 06/30/03  | <del>-                                    </del> |
| 17   |  |
| 17A  | 211 1.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2          |
| 17/A   |  |
| 18A   Medicare/Medi-Cal Crossover SMA Opper Limits   10/01/02 - 06/30/03   19   Medicare/Medi-Cal Crossover Published Charges   07/01/02 - 09/30/02   10/01/02 - 06/30/03   07/01/02 - 06/30/03   20   Medicare/Medi-Cal Crossover Pendiated Rates   07/01/02 - 09/30/02   07/01/02 - 09/01/02   07/01/02 - 09/01/02   07/01/02 - 09/01/02   07/01/02 - 09/01/02   07/01/02 - 09/01/   |  |
| 18A  |  |
| 19A  |  |
| 19A 10/01/02 - 06/30/03   07/01/02 - 09/30/02   07/01/02 - 09/02   07/01/02   07/01/02 - 09/02   07/01/02   07/01/02   07/01/02   07/01/02   07/01/02   07/01/02   07/01/02   07/01/02   07/01/02   07/01/02  |  |
|  |  |
| 10/01/02 - 06/30/03  |  |
| 267 TOTOTICE COLORIDO  |  |
| 21 5-1-1-1 COMO Contr. 07/01/02 - 09/30/02   |  |
| Enhanced SD/MC Costs   Unio 11/2 - GS/30/03   21A    In (Marcel SD/MC Costs   Unio 11/2 - GS/30/03   |  |
| 07/01/02 09/30/02  |  |
| Enhanced SD/MC SMA Upper Limits   10/01/02 - 9/36/30/03  |  |
| 23   |  |
| 23A Enhanced SD/MC Published Charges 1/10/10/20/20/33A 1/10/20/20/33A 1/10/20/20/20/20/20/20/20/20/20/20/20/20/20   | +  |
| 07/01/02 09/30/02  | <del></del>                                      |
| Enhanced SD/MC Negotiated Rates   10/01/02 - 9/3/002   24A    10/01/02 - 9/3/003   |  |
|  | <u> </u>   |
| 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03   |  |
| 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03  |  |
| 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03   | <del></del>                                      |
| 28 Enhanced SD/MC (Refugees) Negotiated Rates   07/01/02 - 06/30/03  |  |
| 29   | *************                                    |
| Healthy Families Costs 10/0/10/2 - 06/30/03 1 10/0/10/2 - 06/30/03 1   | _  |
| 30 07/01/02 09/30/02   | <del> </del>                                     |
| Healthy Families SMA Upper Limits 10/01/02 - 09/30/03 10/01/02 - 09/30/01/00/01/00 - 09/30/01/00 - 09/30/01/00 - 09/30/01/00 - 09/30/01/00 - 09/30/01/00 - 09/30/01/00 - 09/30/01/00 - 09/30/01/00 - 09/30/01/00 - 09/30/01/00 - 09/30/01/00 - 09/30/ | <del></del>                                      |
| 31 07/01/02 00/30/02   |  |
| Healthy Families Published Charges 10/01/02 - 06/30/03 11A   | <del>- </del>                                    |
| 07/01/02 09/20/02  | <del> </del>                                     |
| Healthy Families Negotiated Rates 1/10/10/2 - 05/30/03 3 32AI 1/0/10/2 - 05/30/03 3  |  |
|  | <del></del>                                      |
| 33 Non-Medi-Cal Costs 108,879 89,879 640 18,360  | <u></u>  |

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: MODOC COUNTY
County Code: 25

|    | County Code: 25                                 |            | CR                  | CR                  |                              |   |                           |                              |
|----|---|------------|---------------------|---------------------|------------------------------|---|---------------------------|------------------------------|
|    | Legal Entity: MODOC COUNTY                      | A          | 8                   | С                   | D                            | E                                       | F                         | G                            |
| Le | gal Entity Number: 00025<br>Mode: 45 - Outreach | Mode Total | Service<br>Function | Service<br>Function | Service<br>Function          | Service<br>Function                     | Service<br>Function       | Service<br>Function          |
|    |   | 1 [        | 10_                 | 20                  |                              |   |                           |                              |
| 1  | Allocation Percentage                           | 100.00%    | 29.59%              | 70.41%              |                              |   |                           |                              |
| 2  | Total Units                                     |            | 18,265              | 65,387              |                              |   |                           |                              |
| 3  | Gross Cost                                      | 31,242     | 9,245               | 21,997              |                              |   |                           |                              |
| 4  | Cost per Unit                                   |            | 0.51                | 0.34                |                              | 121-1-121-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |                           |                              |
| 5  | Non-Medi-Cal Units                              |            | 18,265              | 65,387              |                              |   |                           |                              |
| 6  | Non-Medi-Cal Costs                              | 31,242     | 9,245               | 21,997              | <u>yratotyratotorotyry</u> t | <u> Participante de Cara</u>            | **** <u>********</u> **** | <u>taliarangahal</u> granana |

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETAIL COST REPORT DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

|             | County: MODOC COUNTY  |  |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
|-------------|---|--|---|--|---------------------|------------|---|----------------------------------|--|------------------------|--------------------------------|--|-------------------------|
|             | County Code: 25   |  |   |  | REIMBURS            | EMENT TYPE | PC  |                                  | Costs  |                        |                                | Costs  |                         |
| Len         | Legal Entity: MODOC COUNTY al Entity Number: 00025  |  | <del>  - ^ </del>                       | В  | с                   | D          | Total   | <u>F</u>                         | _ G  | 1н                     | Total                          | <del></del> -                                    | K<br>Total              |
| LUG         | a. C. III, 1141715-1. 50020   |  |   | Mode 55                                  |                     | Total      | Inpatient   |                                  |  |                        | Outpatient                     |  | Outpatient              |
|             |   |  | S. F.'s 01-09                           | S. F.'s 11-19,<br>31-39                  | S. F.'s 21-29       | MAA        | Mode 05-<br>Hospital                                    | Mode 05-Ail<br>Other             | Mode 10  | Mode 15<br>Program (1) | Exclude<br>Progra <u>m (2)</u> | Mode 15<br>Program (2)                           | (Col. ( + Col. J        |
| , -         | Madi Cal Costs  | 07/01/02 - 09/30/02                        | 3.7.5 07-09                             | 31-33                                    | 3. 3 21-23          |            | riospitai   | Cule                             | MDGE TO  | 119,503                | 119,503                        | Program (2)                                      | 119,50                  |
| 1A          | Medi-Cal Costs  | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  | 389,808                | 389,808                        |  | 389,80                  |
| 2           | Medi-Cal SMA  | 07/01/02 - 09/30/02<br>10/01/02 - 06/30/03 |   |  | <del> </del>        |            |   | <b></b>                          | <del>                                     </del> | 120,611<br>393,429     | 120,611                        | <del> </del>                                     | 120,61                  |
| 3           | Madi Cal B C  | 07/01/02 - 09/30/02                        |   |  |                     |            |   |                                  |  | 109,589                | 393,429<br>109,589             |  | 393,42<br>109,58        |
| 3 <u>A</u>  | Medi-Cal P. C.  | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  | 357,470                | 357,470                        |  | 357,47                  |
| 4<br>4A     | Medi-Cal N. R.  | 07/01/02 - 09/30/02                        |   |  |                     |            |   | <b></b>                          | <del></del>                                      | -                      |                                |  | <del></del>             |
| <u>~</u>    |   |  |   |  |                     |            | 10 P (0 10 10 10 10 10 10 10 10 10 10 10 10 10          | naganarya:                       | 5500000000                                       |                        |                                |  |                         |
| 5_          | Medi-Cal Gross Reimbursement  | 07/01/02 - 09/30/02<br>10/01/02 - 06/30/03 |   |  |                     |            |   |                                  | <del>                                     </del> | 119,503<br>389,808     | 119,503<br>389,808             | <del> </del>                                     | 119,50<br>389,80        |
| <del></del> |   | 07/01/02 - 09/30/02                        |   |  |                     |            | <u></u>   | 27.25 <u>.71.7</u> 47.27.27.27.2 | erroren <u>Corre</u>                             |                        | <u></u>                        | Contract Contract                                |                         |
| 6A          | Medicare/Medi-Cal Crossover Cost  | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  | <del>                                     </del> |                        |                                | <del>                                     </del> |                         |
| 7           | Medicare/Medi-Cal Crossover SMA   | 07/01/02 - 09/30/02                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 7A          | <u> </u>  | 10/01/02 - 06/30/03<br>07/01/02 - 09/30/02 |   |  |                     |            | <del></del>   | <b> </b>                         |  | <del> </del>           |                                |  | <del></del> -           |
| 8A          | Medicare/Medi-Cal Crossover P. C.   | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 9           | Medicare/Medi-Cal Crossover N. R.   | 10/01/02 - 06/30/03<br>07/01/02 - 09/30/02 |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 9A          |   | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  | Land Control                                     | 100,000,000            | :<br><u>141331831414</u> 31    |  | <u> </u>                |
| 10          | Medicare/Medi-Cal Crossover Gross Reim.   | 07/01/02 - 09/30/02                        |   |  |                     |            |   |                                  |  | <b></b>                |                                |  |                         |
| 10A         |   | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  | 22,0,0,0,0,0                                     |                        |                                |  | <u> </u>                |
| 11          | Total SD/MC + Crossover Gross Reim.   | 07/01/02 - 09/30/02<br>10/01/02 - 06/30/03 | 100000000000000000000000000000000000000 |  |                     |            |   |                                  | <del>                                     </del> | 119,503                | 119,503                        |  | 119,50                  |
| 11A         |   | **************************************     |   |  | <b>.</b>            |            | deres de estadores                                      |                                  | 12-57-12-54                                      | 389,808                | 389,808                        | <u> </u>   | 389.80                  |
| 12A         | Enhanced SD/MC (Children) Cost  | 07/01/02 - 09/30/02<br>10/01/02 - 06/30/03 |   |  |                     |            |   |                                  | <del> </del>                                     | <del> </del>           |                                |  |                         |
| 13          | Enhanced SD/MC (Children) SMA   | 07/01/02 - 09/30/02                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 13A         | Ethanced SD/MC (Children) SMA   | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  | $\vdash$               |                                |  |                         |
| 14<br>14A   | Enhanced SD/MC (Children) P. C.   | 07/01/02 - 09/30/02<br>10/01/02 - 06/30/03 |   |  |                     |            |   | <u> </u>                         |  |                        |                                |  |                         |
| 15          | Enhanced SD/MC (Children) N. R.   | 07/01/02 - 09/30/02                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 15A         | Enhanced Sprine (Children) N. R.  | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 16          | Enhanced SD/MC (Children) Gross Reim.   | 07/01/02 - 09/30/02                        |   |  | <u>idainin hidi</u> |            |   |                                  |  |                        |                                |  |                         |
| 16A         |   | 10/01/02 - 06/30/03                        |   |  |                     |            | rana <del>nanananan</del> an                            | 40.709.620.000                   |  |                        |                                |  | ananani arang mer       |
| 17          | Enhanced SD/MC (Refugees) Cost  | 07/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 18          | Financed SD/MC (Refugees) SMA   | 07/01/02 - 06/30/03<br>07/01/02 - 06/30/03 |   |  |                     |            |   |                                  |  | <del> </del>           |                                |  |                         |
| 20          | Enhanced SD/MC (Refugees) SMA Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R. | 07/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 21          | Total Medi-Cal Gross Reimbursement  | 07/01/02 - 09/30/02                        |   |  |                     |            | . * . * . <del>* . * . * . * <u>. * .</u> * . *</del> . | <u> </u>                         | **************                                   | 119,503                | 119,503                        | 1 4 (4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1         | 119.50                  |
| 21A         | (Excludes Refugees) Enhanced SO/MC (Refugees) Gross Reim.                                     | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  | 389,808                | 389,808                        |  | 389,80                  |
| 22          | Enhanced SD/MC (Refugees) Gross Reim.   | 07/01/02 - 06/30/03                        |   |  |                     |            | ranadananan <del>araba</del> nan                        | ALASTONIAS AS AS AS AS AS        |  |                        | ************                   |  |                         |
| 23          | Healthy Families Cost   | 07/01/02 - 09/30/02                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 23A         |   | 10/01/02 - 06/30/03<br>07/01/02 - 09/30/02 |   |  |                     |            |   |                                  |  | <del></del>            |                                |  |                         |
| 24<br>24A   | Healthy Families SMA  | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 25          | Healthy Families P. C.  | 07/01/02 - 09/30/02                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 25A<br>26   |   | 10/01/02 - 06/30/03 07/01/02 - 09/30/02    |   |  |                     |            |   |                                  | <del></del>                                      | <del> </del>           |                                |  |                         |
| 26A         | Healthy Families N. R.  | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 27          | Handhy Fore Stor Const. D.  | 07/01/02 - 09/30/02                        |   |  |                     |            |   | <u> </u>                         | <u></u>  |                        | 44400                          | <u>अस्य अस्ति । स्थ</u>                          | <u> 4-134,514,615</u> , |
| 27A         | Healthy Families Gross Reim.  | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
|             | Less: Patient and Other Payor Revenues  |  |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 28<br>28A   | SD/MC + Crossover Revenues  | 07/01/02 - 09/30/02<br>10/01/02 - 06/30/03 | 12222222222                             |  |                     |            |   |                                  | <u> </u>   | 416<br>1,911           | 416<br>1,911                   |  | 416<br>1,911            |
| 29A         | Enhanced SD/MC (Children) Revenues  | 1100000                                    |   |  |                     |            |   |                                  |  | 1,511                  | 1,911                          |  |                         |
| 30          | Enhanced SD/MC (Refugees) Revenues  |  |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 31          | Healthy Families Revenues   | <u></u>                                    |   | 1+151-151-151-151-151-151-151-151-151-15 |                     |            | 11/12/14/14 12/21                                       | <u> </u>                         | <u>, 181</u> 95, 181 <u>2, 18</u>                | 1111111111111111       |                                |  |                         |
| 32          | Total Expenditures from MAA (Mode 55)   |  | 1                                       |  | L                   |            |   |                                  |  |                        |                                |  |                         |
| 34          | Medi-Cal Eligibility Factor (Average) Revenue - MAA   |  | 101111111111111111111                   |  | 540500000           |            |   |                                  |  |                        |                                |  |                         |
| 3.3         | <u> </u>  | 07/01/02 - 09/30/02                        |   |  |                     |            |   |                                  | <u>कर्त्वतिनिर्वतिकृति</u>                       | 119,087                | 110.007                        |  | ***                     |
| 35<br>35A   | Net Due - SD/MC for Direct Services   | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  | 387,897                | 119,087<br>387,897             |  | 119,087<br>387,897      |
| 36          | Net Due - Enhanced SD/MC (Refugees)   |  |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 37          | Net Due - Healthy Families  | 07/01/02 - 09/30/02<br>10/01/02 - 06/30/03 |   |  |                     |            |   |                                  |  | <del></del>            |                                |  |                         |
| 37A         |   | 1000102 - 000000                           |   |  |                     |            | <del>(19.00.003.00</del>                                | 10 10 <del>10</del> 10 11        |  | CONTRACTOR             |                                |  | 34343333333333          |
| 20          | Amount Negotiated Rates Exceed Costs  | 07/01/02 - 09/30/02                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 38<br>38A   | SD/MC (Includes Children)   | 10/01/02 - 06/30/03                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
|             | Enhanced SD/MC (Refugees)   |  |   |  |                     |            |   |                                  |  |                        |                                |  |                         |
| 39<br>40    |   | 07/01/02 - 09/30/02                        |   |  |                     |            |   |                                  |  |                        |                                |  |                         |

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

## DETAIL COST REPORT

**DETERMINATION OF SD/MC FFP %** MH 1978 (10/04)

Fiscal Year 2002-2003

County: MODOC COUNTY County Code: 25

Legal Entity: MODOC COUNTY

| Legal Entity Number: 00025                    | Α              | B               | C          | D          | E   | F                      |  |
|---|----------------|-----------------|------------|------------|---|------------------------|--|
| Data Type                                     | Net Dire       | ct Costs        | FF         | P          | Effe  | ctive                  |  |
| Data Type                                     | (Gross Reim. C | osts - Revenue) | Dol        | lars       | FF  | P%                     |  |
| Source  | MH1            | 970s            | MH1        | 970s       | Calculated  |                        |  |
|   | Column N       | Column Q        | Column R   | Column U   | Calculated (C6 / A6) (D6 / B6 1st Period 2nd Period 07/01/02 - 10/01/02 |                        |  |
| Formula                                       | _              |                 |            |            | (C6 / A6)   | (D6 / B6)              |  |
| Period  | 1st Period     | 2nd Period      | 1st Period | 2nd Period | 1st Period  | 2nd Period             |  |
|   | 07/01/02 -     | 10/01/02 -      | 07/01/02 - | 10/01/02 - | 07/01/02 -  | 10/01/02 -             |  |
| Mode  | 09/30/02       | 06/30/03        | 09/30/02   | 06/30/03   | 09/30/02  | 06/30/03               |  |
| 1 05 - Hospital Inpatient (SFC 10-19)         |                |                 |            |            |   |                        |  |
| 2 05 - Other 24 Hour Services (All Other SFC) |                |                 |            |            |   | econor                 |  |
| 3 10 - Day Services                           |                |                 |            |            |   |                        |  |
| 4 15 - Outpatient (Program 1)                 | 119,087        | 387,897         | 61,211     | 199,379    |   |                        |  |
| 5 15 - Outpatient (Program 2)                 |                |                 |            |            |   |                        |  |
| 6 Totals                                      | 119,087        | 387,897         | 61,211     | 199,379    |   | and the second section |  |
| 7 Totals from MH1979                          | 119,087        | 387,897         | 61,211     | 199,379    |   | サンシの選手をよる              |  |
| 8 Effective SD/MC FFP %                       |                |                 |            |            | 51.40%  | 51.40%                 |  |

### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH DETAIL COST REPORT

## SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (10/04)

Fiscal Year 2002-2003 FFP % County: MODOC COUNTY Source: Source:

| County Code: 25  |   |       |                             |            |             |            | MH1978 E8 | MH1978 F8 |                         |        |         |
|--|---|-------|-----------------------------|------------|-------------|------------|-----------|-----------|-------------------------|--------|---------|
| Legal Entity: MODOC COUNTY   |   | A     | В                           | С          | D           | E          | F         | G         | Н                       | 1      |         |
| Legal Entity Number: 00025   |   | Total | Total                       | Total      |             | 50%        | 51.40%    | 51.40%    | <sup>1</sup> Variable % | 75%    | Total   |
|  |   | MAA   | Inpatient                   | Outpatient | Total       | <u>FFP</u> | FFP       | FFP       | FFP                     | FFP    | FFP     |
| SD/MC Administrative Reimbursement (County   |   |       |                             |            |             |            |           |           |                         |        |         |
| 1 County SD/MC Direct Service Gross Reimburse  |   |       |                             | 509,311    | 509,311     |            |           |           |                         |        |         |
| 2 Contract Provider Medi-Cal Direct Service Gros   |   |       | 21,508                      | L          | 21,508      |            |           |           |                         |        |         |
| 3 Total Medi-Cal Direct Service Gross Reimburse  | ment  |       |                             |            | 530,819     |            |           |           |                         |        |         |
| 4 Medi-Cal Administrative Reimbursement Limit  |   |       |                             |            | 79,623      |            |           |           |                         |        |         |
| 5 Medi-Cal Administration  |   |       |                             |            | 93,357      |            |           |           |                         |        |         |
| 6 Medi-Cal Administrative Reimbursement  |   |       |                             |            | 79,623      | 39,811     |           |           |                         |        | 39,811  |
| Healthy Families Administrative Reimbursement  | (County Only)                                     |       |                             |            |             |            |           |           |                         |        |         |
| 7 County Healthy Families Direct Service Gross R   |   |       |                             |            |             |            |           |           |                         |        |         |
| 8 Healthy Families Administrative Reimbursement  | Limit   |       |                             |            |             |            |           |           |                         |        |         |
| 9 Healthy Families Administration  |   |       |                             |            |             |            |           |           |                         |        |         |
| 10 Healthy Families Administrative Reimbursement   | <br>  |       |                             |            |             |            |           |           |                         |        |         |
| SD/MC Net Reimbursement for MAA  |   |       |                             |            |             |            |           |           |                         |        |         |
| 11 Medi-Cal Admin, Activities Syc Functions 01 - 09  |   |       |                             |            |             |            |           |           |                         |        |         |
| 12 Medi-Cal Admin. Activities Svc Functions 11 - 1   | 9, 31 - 39  |       |                             |            |             |            |           |           |                         |        |         |
| 13 Medi-Cal Admin. Activities Svc Functions 21 - 29  | 9 (County Only)                                   |       |                             |            |             |            |           |           |                         |        |         |
| 14 Utilization Review-Skilled Prof. Med. Personnel   | County Only)                                      |       |                             |            | 44,252      |            |           |           |                         | 33.189 | 33,189  |
| 15 Other SD/MC Utilization Review (County Only)  |   |       |                             |            |             |            |           |           |                         |        | 33,167  |
|  | 07/01/02 - 09/30/02                               |       |                             | 119.087    | 119.087     |            | 61,211    |           |                         |        |         |
| 16 SD/MC Net Reimbursement for Direct Services   | 10/01/02 - 06/30/03                               |       |                             | 387,897    | 387,897     |            | 01,211    | 199.379   |                         |        | 61,211  |
| 17   | 07/01/02 - 09/30/02                               |       |                             | 367,077    | 307,077     |            |           | 199,379   |                         |        | 199,379 |
| Enhanced SD/MC Net Reimb. (Children)   | 10/01/02 - 05/30/03                               |       |                             |            |             |            |           |           | <del>_</del>            |        |         |
| 18 Enhanced SD/MC Net Reimb. (Refugees)  |   |       |                             |            |             |            |           |           |                         |        |         |
| 19 Total SD/MC Reimbursement Before Excess FF  | <u>्यक्ष्यं प्रसारक्ष्यं स्टब्स्ट</u><br><b>D</b> |       |                             |            |             |            |           |           |                         |        | 227.522 |
| 20 Amount Negotiated Rates Exceed Costs - SD/M   |   |       | 121-1-1-1-111-1-1-1-1-1-1-1 |            |             |            |           |           |                         |        | 333,590 |
| 21 Total SD/MC Reimbursement (FFP)   | <u> </u>  |       |                             |            |             |            |           |           |                         |        | 333,590 |
| 22 Contract Limitation Adjustment  |   |       |                             |            |             |            |           |           |                         |        |         |
| 23 Adjusted Total SD/MC Reimbursement (FFP)  |   |       |                             |            |             |            |           |           |                         |        | 333,590 |
|  |   |       |                             |            |             |            |           |           |                         |        |         |
| 24   Healthy Families Net Reimbursement  | 07/01/02 - 09/30/02<br>10/01/02 - 06/30/03        |       |                             |            | <del></del> |            |           |           |                         |        |         |
|  |   |       |                             |            |             |            |           |           |                         |        |         |
| 25 Total Healthy Families Reimbursement Before E<br>26 Amount Negotiated Rates Exceed Costs - Health |   |       |                             |            |             |            |           |           |                         |        |         |
|  | y Families  |       |                             |            |             |            |           |           |                         |        |         |
| 27 Total Healthy Families Reimbursement  |   |       |                             |            |             |            |           |           |                         |        |         |